

NONPROFIT CORPORATION

STATE OF MAINE

APPLICATION FOR THE USE OF AN
INDISTINGUISHABLE NAME

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation Allowing Indistinguishable Name)

Pursuant to [13-B MRSA §301-A.4](#), the undersigned corporation executes and delivers the following Application for the Use of an Indistinguishable Name:

FIRST: The above-named corporation hereby consents to the use of the following indistinguishable name:

to _____
(requestor of indistinguishable name)

SECOND: The entity in possession of the name undertakes to change its name to a name that is distinguishable on the records of the Secretary of State from the name of the applicant.

THIRD: The entity in possession of the name must change its name to:*

FOURTH: The address of the registered office of the corporation **allowing** indistinguishable name in the State of Maine is

(street, city, state and zip code)

DATED _____

*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

*This application must be accompanied by the applicable form to change its name as provided in Item Third.

*If this is a domestic corporation, this document **MUST** be signed by: ([13-B MRSA §104.1.B](#))

(1) the **Clerk or Secretary OR**

(2) the **President** or a Vice-President **together with** the **Secretary** or an assistant. secretary, or a 2nd certifying officer **OR**

(3) if no such officers, then a majority of the **Directors OR**

(4) if no such directors, then the **Members.**

*If this is a foreign corporation, this document **MUST** be signed by any duly authorized individual. ([13-B MRSA §104.1.D](#))

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**